



Health and Housing Opportunities - Update

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Arizona Housing Shortage and Lack of Affordability

- Estimated Need – 270,000 units
 - (Phoenix Need: 163,000)
- Annual Production
 - 17,000 MF
 - 45,000 SF
- Annual In-migration 100,000
- Avg. FMR (1 BR Apt.)
 - Maricopa: \$1,467 (2022: \$1,091)
 - Pima: \$893 (2022: \$761)
 - Coconino: \$1,308 (\$1,166)/Cochise: \$775 (\$690)
- Maximum SSI in AZ (single): \$914



Section 1115 of the Social Security Act

- Allows states flexibility to design Demonstration projects that promote the objectives of the Medicaid program,
- Demonstration projects are typically approved for a five-year period and can be renewed every five years, and
- Must be budget neutral, meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.

1115 Waiver Renewal Approval

- On Oct.14, 2022 CMS approved Arizona's request for a five-year extension of its 1115 Waiver
 - October 14, 2022 through Sept. 30, 2027
- Approved:
 - Retroactive Eligibility
 - HCBS
 - Managed Care
 - Tribal Dental
 - Targeted Investments 2.0
 - H2O



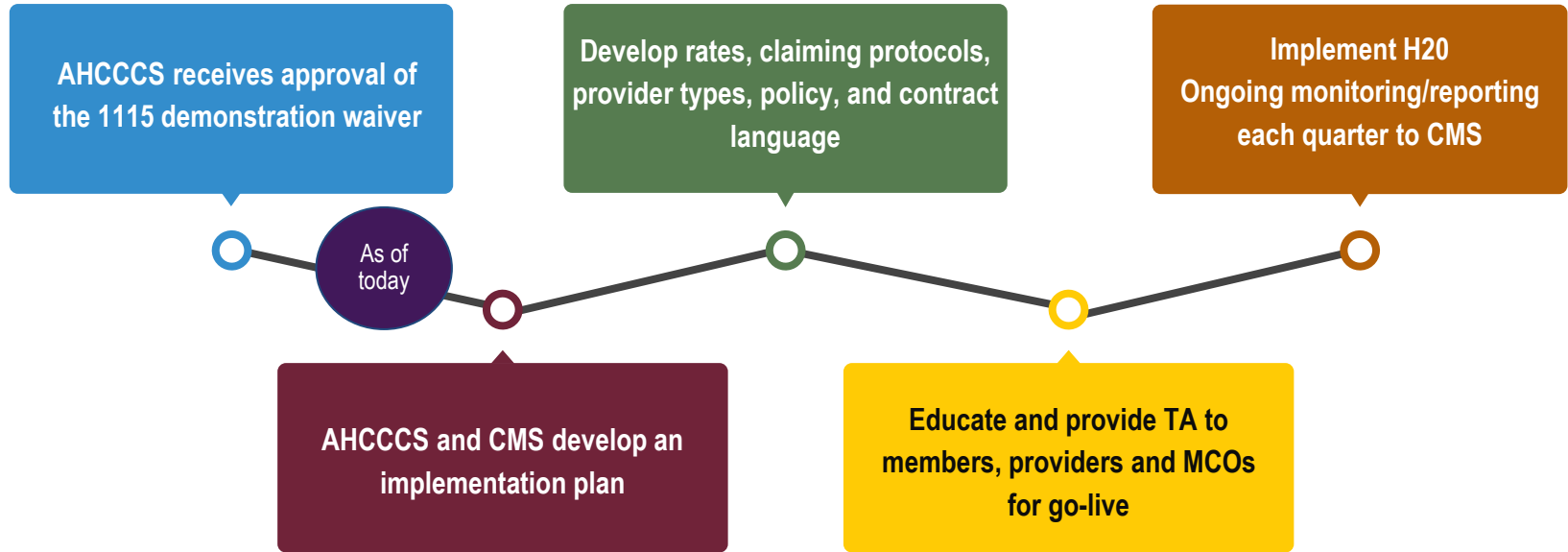
AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

Increase positive
health and
wellbeing outcomes
for target
populations

Reduce the cost of
care for individuals
successfully housed

Reduce
homelessness and
maintain housing
stability

Waiver Implementation - H20



****Deliverables are ongoing throughout the entire demonstration period.**

Common Stakeholder Feedback Received

- Prioritize the creation of clear and easy to use processes. (Eligibility, referrals, services, etc.)
- Build a reimbursement structure to support the workforce.
- Develop comprehensive trainings, provide mentoring, assistance, and peer learning support.
- Leverage currently existing systems and programs.
- Prioritize outreach services for members and potential members.

Potential Barriers Identified by Stakeholders

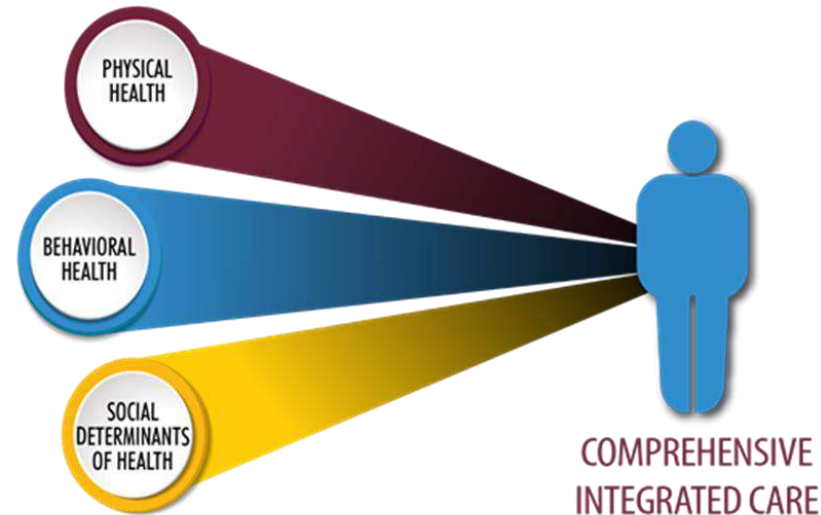
- Challenging/difficult reimbursement process.
- Determining which population(s) to prioritize and how to do so.
- Ensuring adequate wraparound supports in transitional housing to increase housing success after the 6 month period.
- Lack of coordination between funders, H2O providers and community partners could lead to duplication and waste.
- Workforce shortages and providing proper training to the workforce.
- Needing an effective referral system with robust data collection and sharing between providers, community partners, funders, etc.

Eligibility Criteria

- Must meet one of each of the following:
 - Homeless or At Risk of Homelessness
 - Clinical and Social Risk Criteria
 - Including but not limited to: A Serious Mental Illness, High-Cost High Needs, Chronic Health Conditions or co-morbidities, or enrolled in ALTCS
- AHCCCS is in process of using criteria to define the target population for the demonstration period.

Services - Definitions

- Outreach and Education Services
- Transitional Housing - 6 Months
 - Transitional Housing Setting (Enhanced Shelter)
 - Apartment or Rental Unit (Rental Assistance)
- One-time Transition and Moving Costs
- Home Accessibility Modifications and Remediation
- Housing Pre-Tenancy Services
- Housing Tenancy Services



Provider Qualifications

- All providers must be in good standing with their licensing, certifying or credentialing body.
- All providers must enroll as community assisters and engage with the CLRS, when applicable.
- Oversight of ensuring providers meet all required qualification will be the responsibility of the MCO, AHCCCS DFSM and/or the AHP Housing administrator, as applicable.

Provider Qualifications

- As applicable, examples include:
 - Low staff to member ratios 1:15, no more than 1:25
 - Demonstrated skills and capacity to work with the defined H2O populations
 - Skilled and trained in PRAPARE or other AHCCCS approved HRSN assessment tool
 - Attend CoC Outreach Collaborative and Case Conference meetings, as required by CMS & HUD
 - Must utilize the Homeless Management Information System (HMIS)
 - Must implement Evidence Based Practices; Housing First, SAMHSA Fidelity for PSH
 - Initial inspection of physical location must confirm meeting the minimum standards for safety, sanitation, and privacy provided in 24 CFR § 576.403, shelter and housing standards
 - Must comply with local city ordinance for zoning
 - CARF Accreditation - Community Housing and Shelters
 - Complete HQS Inspections prior to move-in
 - Maintain a satisfactory dwelling for the member throughout the duration of the lease
 - Compliance with Fair Housing standards and the Landlord Tenant Act

Infrastructure

- Outreach resources for potential Medicaid members,
- Provider/CBO technology needs to become AHCCCS registered providers,
- Activities to comply with provider requirements for H2O provider participation,
- Contracting with a vendor to provide ongoing technical assistance as H2O is implemented, and
- AHCCCS staffing and contractor needs.

Next Steps

- Continue to incorporate community feedback into our Protocol and Implementation Plan.
- Submit the implementation protocol to CMS and begin negotiation and approval process of these deliverables.
- Hold future sessions with the community that will outline the proposed reimbursement structure, potential rates, timelines, and potential policy impacts.
- Continue working with members, communities, health plans, and stakeholders to develop the new H2O services, which will be rolled out over the next year.

Questions?